MONTANA POLLUTANT DISCHARGE ELIMINATION SYSTEM APPLICATION TO DISCHARGE - SHORT FORM C

Construction Dewatering Discharge Permit

Return	to:	Water	Protection	Rureau
Netuili	w.	vvalei	FIOLECTION	Duitau

Department of Environmental Quality

PO Box 200901

Helena, MT 59620-0901 Questions? Call (406) 444-3080

APPLICATION NUMBER								
DATE RECEIVED								
	YEAR			MONTH	1		DAY	

This form may be filled out on-screen, then printed, signed, and submitted. Please do not submit via e-mail or fax. Department policy requires original signatures and payment of all required fees before document review may begin.

Please print or type:

1.	Name, address, and telephone number of the individual or company which will have responsibility for the operation:					
	A.	Applicant(s) name:				
	B.	Applicant information:				
		(1) Mailing Address:				
		(2) City: (3) County:				
		(4) State: (5) ZIP code:				
		(6) Telephone number(s): (7) Contact:				
	C.	The location of the construction project and discharge points:				
		1. Attach a topographic map extending one mile beyond the property boundaries of the discharge source. Indicate on the map: the point(s) of discharge; project boundaries; and receiving waters that will mix with the construction water.				
		Discharge Location: a. Section b. Township c. Range				
		3. City: 4. County:				
		5. Site Address or location:				
2.	Briefly	description of the nature of the construction project:				

- 2
- Description activities and dewatering details which require a discharge of wastewater: 3.

4.	const	Proposed handling of wastewater: (describe as appropriate). Note: Some form of treatment construction dewatering discharges is normally required to assure instream limits are exceeded.						
	(a) No discharge (Complete retention, or proper land application, or infiltration). Yes Note: No discharge permit would be required for such conditions).							
	(b)	Discharge to municipal system (specify municipality). Yes (Provide letter of municipal acceptance of discharge).						
	(c) Discharge after treatment (specify type of treatment). Yes No							
	(d)	Direct discharge with no treatment. Yes No Explain why no treatment required.						
5.	The e	expected flow rate of your discharge: gallons per minute (gpm).						
6.	The e	expected flow rate of the receiving water: gpm. Explain method of calculation.						
7.	Disch	harge is expected to begin on or about: (Month/Day/Year)						
8.	Disch	narge is expected to end on or about: (Month/Day/Year)						
9.	Disch	charge flow rate (Check appropriate category and explain where necessary):						
	(a)	Discharge flow is continuous, start to end of project: Yes No						
	(b)	Variable discharge flow rate. Yes No Describe:						
	(c)	(c) Discharge would occur on number days per weeks (check one):						
		1) 1 2) 2 – 3 3) 4 – 5 4) 6 – 7						

a) 1 b) 2 c) 3 d) 4 or more					
	a) 1	b) 2	c) 3	d) 4 or more	
11.	Receiving wate	r(s) & describe	oath to major state	e waters:	
Pleas	se read carefully	/ before signing	g.		
in this	s document; and ba nation, I believe th	sed on my inquir e submitted infor	y of those individua mation is true, accu	d and am familiar with the informals immediately responsible for older and complete. I am aware that the possibility of fine and imp	btaining the nat there are
Printe	ed Name of Perso	on Signing		Title	
Signa	ature of Applicant	:		Date Application Signed	I
certifi	-	ication shall upon	conviction be subj	akes a false statement, representated to a fine of not more than \$25	

DEQ estimates processing time for this application to be 30 days.